



Change of Capacity

For 24-Hour Residential Sites

Agency Name: _____

Site Address: _____

Effective date of capacity change (if approved): _____

Current Capacity: _____ New Capacity: _____

Plan for individuals that will be moving out of current site:

If any individuals will be sharing bedrooms, describe below (attach floor plan):

If asking for a capacity of 6 or more, complete the below section:

- Have you had conversations with the individuals already in the home and their ISP teams about your proposed capacity increase? Please describe the conversations held with each ISP team, and any concerns raised, and your plan to address those concerns.
- How long are you planning this capacity increase? How will you assure this increase is temporary?
- How do you plan on screening individuals looking to move into the home? What is your plan on mitigating risks due to increased capacity (conflict between housemates, for example)?



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- What is the current staffing pattern? What is the proposed staffing pattern upon increased capacity?
- Does your current emergency plan include assisting the number of people you're seeking to have in the home? What is the evacuation plan for that number of people? Is there effective transportation available (not reliant upon public transportation)?
- How have your COVID-19 outbreak prevention/supports changed?
- What is the plan for staffing shortages due to COVID-19?
- What is the plan for isolating someone who may be positive with COVID-19 to attempt to prevent a potential outbreak in the home?

Agency Signature

Date

CDDP Comments: _____

CDDP Approval: _____

Department Review: _____



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Approved **Denied**

_____ **DD Licensing Manager**

_____ **Date**